

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**  
**MARYLAND BOARD OF PHYSICIANS**  
P.O. BOX 2571  
BALTIMORE, MD 21215-0095  
[www.mbp.state.md.us](http://www.mbp.state.md.us)  
410-764-4777; 800-492-6836

**APPLICATION PACKET FOR EXEMPTION FROM LICENSE FEE**

**INFORMATION ON EXEMPTION FROM LICENSE FEE**

The Maryland Medical Practice Act at Health Occupations Article §14-315 contains a provision for the exemption from fees associated with initial licensure, renewal or reinstatement of a medical license if certain conditions are met. Licenses issued with fees exempted are full, unrestricted licenses.

**QUALIFICATIONS**

Applicants for initial, renewal or reinstatement of medical license must meet all of the following requirements in order to qualify for a fee exemption:

1. The physician provides or will provide medical services to patients, in Maryland, for which the physician will not receive remuneration.
2. The physician is not otherwise engaged in the practice of medicine. This means that the physician:
  - a. does not write prescriptions for family, friends; and/or self;
  - b. whose medical practice in Maryland is limited solely to uncompensated medical care approved by the Board of Physicians (the Board); and
  - c. the physician meets all the other applicable requirements for medical licensure, renewal or reinstatement.
3. The administrator of the agency where the physician-applicant provides or will provide free medical services certifies in writing the specific arrangement between the agency and the physician-applicant. This certification must include, but not limited to, the beginning and ending dates of the arrangement and affirm that the medical services provided are without remuneration to the physician.

**HOW TO APPLY FOR EXEMPTION FROM LICENSE FEE**

Carefully review and complete the Checklist. If it appears that you meet the qualifications:

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**CHECKLIST FOR EXEMPTION FROM LICENSE FEE APPLICATION  
(Volunteer Physicians)**

To encourage volunteer activities within the community, the Maryland Medical Practice Act provides an exemption from license fee for qualified physicians who are volunteering their medical services in Maryland.

The following may assist you in your decision to request this exemption.

Yes	No	The following statement(s) apply to me.
_____	_____	I intend to write prescriptions for my family, friends and/or self.
_____	_____	I am required to have an active Maryland medical license as part of my employment for which I receive some remuneration.
_____	_____	I provide medical services as part of my employment for which I receive remuneration.
_____	_____	I am retired and do not intend to practice medicine in Maryland.
_____	_____	I qualify for medical licensure, renewal or reinstatement except that I have not met the CME (or other) requirements.
_____	_____	I am a federal employee, not licensed in any other state and rely on a Maryland license as a condition of my employment with the federal government.

If you have answered yes to any of the above statements, then you will not qualify for an exemption from license.

1. Submit to the Board, Part 1 of the Application for Exemption from License Fee with your completed application for **initial medical licensure, renewal or reinstatement** according to directions on the respective application packets. Failure to include either your application for initial medical licensure, renewal or reinstatement will result in a delay in the processing of your application for exemption from license fee.
2. Send Part 2 of the Application for Exemption from License Fee to the administrator of the agency where you provide or plan to provide free medical services. The administrator must verify that you do not or will not receive remuneration for medical services and *briefly describe the services you provide or will be providing*. The agency administrator (Facility Administrator) should send the form directly to the Board.

### **TERM AND RENEWAL OF LICENSE**

Each license expires on the second anniversary of the date on which it is issued and may be renewed every two years upon application to the Board.

### **TERMINATION OF FEE EXEMPTION**

A volunteer physician must notify the Board in writing of any change in the status of the medical license as a volunteer physician at least 60 days prior to the anticipated change.

On receipt of this notice, the Board shall charge the physician the license fee otherwise required under Md. Code Ann., Health Occ. §14-316 Term and renewal of licenses; notice of change of physician address.

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**APPLICATION FOR EXEMPTION FROM LICENSE FEE: PART 1**

Instructions for Applicant: 1. Please print legibly or type the needed information. 2. This form must be returned to the above address with either your application for **initial medical licensure, reinstatement or renewal. Failure to do so, will result in a delay of the processing of your application for exemption from license fee.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Maryland Medical License #: \_\_\_\_\_ Telephone # \_\_\_\_\_

I am applying for: (CHECK ONE) \_\_\_\_ initial, \_\_\_\_ renewal, or \_\_\_\_ reinstatement of Maryland medical license.  
(Please also attach your application for initial medical licensure, renewal or reinstatement.)

Name of Facility Administrator or Chief Executive Officer who can verify the information on this application. \_\_\_\_\_

Name and Address of Facility Where Services Are Being or Will Be Rendered: **(Also attach a brief description of duties and how they will benefit Maryland patients.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Inclusive Dates of Service: from \_\_\_\_\_ to \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

**Affirmation:**

I solemnly affirm under the penalties of perjury that:

1. I do not or will not receive any form of remuneration for the services being provided or that will be provided at the above-mentioned facility;
2. I do not engage or will not be otherwise engaged in the practice of medicine in Maryland, except in the above-mentioned facility where my services are being provided or will be provided without remuneration;
3. I will notify the Board within 60 days, if I should otherwise practice medicine in Maryland and/or if I should otherwise receive remuneration for my services; and
4. The contents of this form are true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**APPLICATION FOR EXEMPTION FROM LICENSE FEE: PART 2**

Instructions for Facility Administrator: 1. Please print legibly or type the needed information. 2. Return completed form to the Chief, Customer Service Center at the above address.

Name of Facility Administrator: \_\_\_\_\_

Name and Address of Facility: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Facility telephone#: \_\_\_\_\_

Name of Volunteer Physician: \_\_\_\_\_

Maryland License #: \_\_\_\_\_

Inclusive Dates of Physician's Service: From: \_\_\_\_\_ to: \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

Brief description of duties and how they will benefit Maryland patients: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Affirmation:**

I solemnly affirm under the penalties of perjury that:

1. Dr. \_\_\_\_\_ does not or will not receive any form of remuneration for the medical services provided at the above-mentioned facility; and
2. The contents of this form are true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date